



Submission No 31

Review of Australia's Relationship with the Countries of Africa

Name: Mr Tim Costello
Chief Executive Officer

Organisation: World Vision Australia

World Vision



22 December 2009

Senator Michael Forshaw
Chair
Joint Standing Committee on Foreign Affairs Defence and Trade
Parliament House
Canberra

Dear Senator Forshaw,

Thank you for your invitation to comment on the Joint Standing Committee on Foreign Affairs, Defence and Trade's inquiry into Australia's relationship with countries in Africa.

Please find attached a submission for the committee's consideration.

Sincerely,

Tim Costello
CEO
World Vision Australia

Submission by World Vision Australia
to the
Joint Standing Committee on Foreign Affairs, Defence and Trade
Inquiry into Australia's relationship with the countries of Africa

December 2009

For information contact Thurza Sullivan (03) 9287 2534

Summary of recommendations

Given the niche funding allocated for development assistance to Africa, World Vision Australia supports the Government's proposed sectoral focus and within these sectors recommends:

- Support for local institutions to expand the quantity and quality of the training they provide for midwives and health workers in-country through bi-lateral funding and under the expanded scholarship scheme
- Water and sanitation interventions that place significant emphasis on achieving changes in personal and community behaviours consistent with good health
- Australia focus its agriculture interventions on lending its expertise in drylands agriculture and increasing spending on agricultural research and development; and increased agricultural productivity
- Support for reforestation techniques, some of which have successfully reforested more than 5 million hectares of land in Niger and which are currently providing carbon credits in Ethiopia
- Support for disaster risk reduction approaches which incorporate civil society and governance
- Allocation of dedicated resources for protection of civilians within sectorial programs
- Increased resources to NGOs working in Darfur
- That the proposed African Partnership and Capacity Building Facility include support for demand-led governance initiatives that promote civic education and support to civil society organisations

Introduction

World Vision Australia (WVA) is the Australian office of World Vision International (WVI). WVI employs more than 40,000 staff in more than 90 countries to work on child-focused development, relief and advocacy programs. WVI's funding sources include grants, multilateral donors, private and corporate donors. Child sponsorship is one of WVI's major sources of public donation, and in 2009 global turnover was more than \$2.5 billion. In Africa, WVA directly supports programs in nineteen countries in Southern, East and West Africa.¹

We commend the Australian Government's commitment to enhanced engagement with Africa including the *Framework for Development Assistance to Africa 2009 – 2016*. This supports Australia's overall desire to be a good international citizen and advance global progress towards the Millennium Development Goals. In light of the minimal funding allocation of \$163.9 million to the region, the strategic focus on the three sectors outlined in the *Framework* is welcomed to ensure maximum impact of Australia's aid to Africa via Non-Government Organisations (NGOs) and multi-lateral development agencies.

This submission is informed by World Vision's field program experience, research and desk based analysis. It builds on recent submissions to AusAID in response to the agency's *Framework for Development Assistance to Africa 2009 – 2016*.

World Vision Australia (WVA) will comment on two terms of reference: development assistance cooperation and capacity building; and, specifically, human rights under the term of reference relating to migration and human rights.

Public support for aid to Africa

The Australian public has demonstrated its support for development activities in Africa, through the high level of their donations to the region. In 2008, nearly 34 per cent of Australian private donations were expended in Africa. By comparison 6 per cent of Australian Government aid funding was allocated to Africa out of total Overseas Development Assistance in 2009-10.² World Vision recognises that the Australian Government will remain a relatively small donor in Africa and that Australia has a crucial role in Asia and the Pacific. However, World Vision notes that by this comparison even the expanded program appears to underestimate public support for aid to the region.

Effective aid delivery

It is well known that direct community participation is critical to relief and development effectiveness. Through their development programs NGOs provide an important link between communities, large donors and government. Australian NGOs define development effectiveness as promoting sustainable change that addresses the causes as well as the symptoms of poverty. Reducing poverty requires building capacity within communities, civil society and government to address national development priorities.

Australian NGO programs are characterised by common qualities that contribute to their effectiveness. These include:

- working through local implementing organisations to build the capacity and self-reliance of communities in areas most in need of poverty alleviation
- improving community knowledge and education
- commitment to long term community engagement, recognising that development situations are usually complex and require long term investment to achieve pro-poor outcomes

- undertaking ongoing reflection with our implementing partners to continually improve our development work
- adapting to changing circumstances such as adapting and mitigating the effects of climate change
- working in partnership with other ANGOs and INGOs in the field, or in coalitions within Australia
- choosing to work in situations where outcomes are less certain, in order to meet the needs of people otherwise poorly served by other aid delivery mechanisms.

Proposed sectors to receive development assistance in Africa

Under the proposed *Framework for Development Assistance to Africa 2009 – 2016*, maternal and child health; food security and agriculture; and water and sanitation are identified as the sectors of focus for the Australian Government's development assistance. These largely reflect the priority sectors for World Vision's programming in Africa which are: health, climate/environment, education and strengthening civil society. Food security, nutrition and water and sanitation are integrated under health programming.

Maternal and child health

World Vision Australia welcomes the Australian Government's prioritisation of maternal and child health within its draft *Framework for Development Assistance to Africa 2009 - 2016*. Sub Saharan African countries currently account for half of the 9 million under 5 child deaths each year.³

There is extensive literature available on the range of proven interventions which address adequate nutrition, hygiene practises, antenatal care, skilled birth attendants, emergency obstetric, newborn care and post natal visits. World Vision's approach using these interventions is highlighted in Appendices 1 and 2. World Vision also highlights the importance of interventions that target the broader determinants of child mortality and those that support strong links between community based and formal health care.⁴

However, given the limited nature of Australian funding to Africa and the need for impact through targetted programming, World Vision Australia believes that the most effective way for the Australian Government to deliver maternal and child health assistance to African countries is to support an increase in the number of trained health staff, especially midwives.

A 2006 World Health Organisation (WHO) survey revealed that while Africa accounts for 24 per cent of the world's disease burden it has only 3 percent of the world's health workers.⁵ Of the 250,000 licensed midwives worldwide there are only 13,000 in Sub Saharan Africa, according to the International Confederation of Midwives.⁶ WHO has calculated that another 334,000 midwives are needed to address a global shortfall, attributed to chronic under investment and the "brain drain" to developed countries. Of this shortfall Africa has the largest relative need.⁷ Without an increase in staff there is simply not enough human capacity to absorb and utilise additional funds to improve health outcomes.⁸

Support for increased health staff could be achieved through direct funding or the expanded scholarship program. Under the proposed *Framework for Development Assistance to Africa 2009 – 2016*, the Australian Government has indicated that its support of scholarships to African countries is likely to increase from 100 to 1000. For the effectiveness of the scholarship program, World Vision recommends that the bulk of the scholarships are offered for identified skills shortages in maternal and child health, especially midwives, and that the scholarship program strengthen in-country training and retention by funding students at reputable training

institutions within select African recipient countries. Scholarships could also include short-term trainings, mentorships and exchange visits.

- **Recommendation:** Assist local institutions to expand the quantity and quality of the training they provide for midwives and health workers in-country through bi-lateral funding and under the expanded scholarship scheme

Water and sanitation

World Vision commends the Australian Government on its strong commitment to increase funding to water and sanitation in its development assistance program, including Africa. Globally, Sub-Saharan Africa is the region with the lowest proportion of its population having access to improved sanitation facilities (31 per cent), and is the second-lowest region, after Oceania, for access to an improved drinking water source (58 per cent).⁹ Almost one tenth of the global disease burden could be prevented by improving water supply, sanitation, hygiene and management of water resources.¹⁰

- **Recommendation:** Water and sanitation interventions in Africa should target:
 - High need, low income rural areas
 - Community based programs such as Participatory Hygiene and Sanitation Transformation (PHAST) and Community Led Total Sanitation (CLTS), which recognise hygiene and sanitation behaviour change as a fundamental prerequisite for water and sanitation interventions to be effective.
 - Regions impacted by humanitarian crises, where access to clean water and adequate sanitation has potential to save lives and reduce mortality rates amongst those already affected by conflict or natural disaster.

Climate change, agriculture and environment

The scale and scope of climate change challenges to food, water security and health are unprecedented. More than any other continent, Africa will suffer from the impact of climate change.¹¹ Sub Saharan Africa is expected to lose 20 per cent of its arable land¹² while in the Horn of Africa, yields of major crops are expected to decline by 80 per cent by 2100.¹³ It is estimated that, by the end of the century, 180 million African people will have died from climate change related disease expansion.¹⁴ The WHO estimates that 88 per cent of the total disease burden attributed to climate change affects children under 5 and is expected to worsen, reinforcing the importance of maternal and child health interventions.¹⁵

Clearly, the scale of the challenge is vast. Given the Australian Government's need for targeted niche approaches, World Vision highlights two areas for high impact:

- I. Dryland regions at the outer tropical latitudes¹⁶ are the most fragile in Africa. Drylands are the origin of many of the world's staple food sources: cereals such as wheat, barley, sorghum and millet; pulses; and home to livestock including horses, sheep, cows, goats and camels. The protection of dryland biodiversity is important for its contribution to human survival and resilience. As the driest continent, Australia has developed significant expertise in dryland agriculture.

In addition, improving rainfed farming systems is important through promotion of conservation agriculture, agroforestry, and drought tolerant crops.

As important as technical inputs are, World Vision advocates adoption of innovation through well planned and long term behaviour change communication and civic education.

2. The promotion of techniques and local policies that rapidly reforest deforested areas, using regrowth of existing root systems. This system is called Farmer-Managed Natural Regeneration (FMNR). Well-managed, this enables large areas to rapidly reforest many times faster than planting can achieve, and is already being applied by World Vision to access carbon credits for partnering communities. World Vision staff member Tony Rinaudo has played a major role in the reforestation of 5 million hectares in southern Niger which has allowed the production of more than 500,000 additional tons of food per year.¹⁷ In these areas, many villages have 10 -20 times more trees than 20 years ago and 88 per cent of farmers have practised this technique, adding an estimated 1.25 million trees each year.¹⁸ World Vision is currently applying this technique in Senegal, Chad, Ethiopia, Mali, Niger and Mauritania.
- **Recommendation:** Australia focus its agriculture interventions on lending its expertise in drylands agriculture and in promoting techniques proven to rapidly reforest deforested areas and assist food production.

The food crisis: a chronic problem

The underlying causes of the 2006 food crisis remain.¹⁹

In East Africa up to 20 million people are threatened with severe hunger. In Ethiopia, 6.2 million are in urgent need of food relief. In Kenya, 3.8 million people (one in ten of the population) are currently in need of food aid, while 10 million do not have access to sufficient food. In Somalia, 3.76 million people, half the population, are in need of urgent life-saving, emergency livelihood support and continued humanitarian assistance in response to ongoing conflict.

The Food and Agriculture Organisation has identified 31 countries in crisis and in need of external assistance. The nature of food insecurity differs and may be due to a range of factors including adverse weather, conflict and the HIV pandemic. See Appendix 4

Over the longer term, the food and financial crises have had a significant impact on progress towards reducing hunger especially in Africa. The 2009 International Food Policy Research Institute *Global Hunger Index* (GHI) shows that while as a whole the index has fallen by 25 percent between 1990 and 2009 (from 20.0 to 15.2), most countries whose GHI has increased over this period are in Africa. See Appendix 5

Food security is identified for development assistance under the draft *Framework for Development Assistance to Africa 2009 – 2016*. An important response to both the current food crisis and the ongoing pressure of climate change on developing country food production is to increase spending on agricultural research and development to achieve greater food and water security. In development programming increasing agricultural productivity, as highlighted in the FMNR and dryland agriculture examples above, must also have a higher priority.

- **Recommendation:** Increase spending on agricultural research and development; and increased agricultural productivity

Disaster risk reduction

Over the past two decades, more than 200 million people per year have been affected by natural disasters.²⁰ The prevalence and impact of natural and man-made disasters is increasing and will escalate with the impact of climate change.²¹

The economic cost of reducing risk is far less than the cost of dealing with the aftermath of disasters, and risk reduction measures taken often have development benefits in their own right.²² While the UN estimates that every dollar spent on risk reduction avoids between \$5 and \$10 in economic losses, only 4 per cent of the estimated \$US10 billion in annual humanitarian assistance goes to risk reduction.²³

World Vision welcomes the release by AusAID of a new policy on disaster risk reduction to inform its development assistance this year. Through its development assistance to Africa, World Vision recommends that the Australian Government earmark funds for disaster risk reduction (DRR) programs which:

- Promote mechanisms to hold states accountable for the implementation of the Hyogo Framework for Action²⁴ and DRR measures
- Ensure civil society involvement both as participants in DRR policy dialogue and advocates for DRR through increased investment to capacity building
- **Recommendation:** Support funds for disaster risk reduction approaches which incorporate civil society and governance

Human rights and protection

World Vision's humanitarian and development work with vulnerable communities in many African countries, especially Sudan, Somalia and Eastern DRC, occurs in complex, unstable environments prone to conflict. It is in these contexts that World Vision, among many other external stakeholders, plays an integral role in supporting and advocating for the protection of civilians especially vulnerable groups such as women, children, internally displaced persons and refugees. Growing international concern over the threats to civilian populations in fragile contexts has led to an increased focus by donors and humanitarian agencies on how to protect populations at risk. The failure of international peace missions in conflict zones to protect such civilians has resulted in the emerging international law doctrine of the Responsibility to Protect (R2P).

World Vision Australia welcomes the Australian Government's commitment to the principles of protection through funding for research on R2P, support to piloting mainstreaming protection standards and, more recently, its involvement in support for guidelines for the African Union on the protection of civilians.

In line with this commitment and given the high level of conflicts in Africa, World Vision recommends that funding allocations for the expanded Africa program consider dedicated resources for mainstreaming protection across AusAID's sectorial interventions.

World Vision also urges the Australian Government to use its diplomatic channels to influence African leaders to ratify the new Convention for the Protection and Assistance of Internally Displaced Persons (IDPs), recently signed by African leaders. This is the first time states have had legally binding obligations to protect and assist IDPs. However, ratification by 15 African Union members is required for the convention to take effect.

- **Recommendation:** Provide dedicated resources for protection of civilians within sectorial programs

Complex humanitarian emergencies

Darfur is a humanitarian crisis that is now in its sixth year. Up to 4.7 million people are affected by the current crisis in Darfur, with 2.7 million people displaced, and facing persistent and critical humanitarian needs.²⁵ After the indictment of Sudanese President Omar al-Bashir over alleged war crimes and crimes against humanity by the International Criminal Court (ICC) in early March, thirteen international aid agencies have been expelled from Darfur and three local NGOs have had their licenses revoked. This decision has exacerbated an already dire humanitarian crisis and amounted to a loss of 40 percent of Northern Sudan's aid workers, and a decline of more than half the number of humanitarian services.²⁶

World Vision is one of the few international NGOs with operations in Darfur. Since March, World Vision has been required to scale-up activities. World Vision has also been approached by many of the expelled NGOs to take over their programmes, however due to a lack of human resources, capacity and ongoing access constraints, this has not been possible.

- **Recommendation:** Increase funding support for those NGOs still operational in Darfur

African partnership and capacity building facility

World Vision welcomes the proposed African Partnership and Capacity Building Facility under the Draft *Framework for Development Assistance to Africa 2009 – 2016*. In developing the facility we would highlight the recent findings and recommendations of the Office of Development Effectiveness Evaluation Report *Australian Aid to Health Service Delivery in Papua New Guinea, Solomon Islands and Vanuatu*, June 2009. A key finding of the report recommends AusAID explicitly recognises the limitations of technical assistance in Australia's aid program.

The Draft *Framework for Development Assistance to Africa 2009 – 2016* states that the “demand-led” facility will be established to support a broad range of potential activities including capacity building and technical assistance in areas such as governance, trade policy, public sector reform, private sector development, peace building, conflict prevention and emerging issues of interest to both Australia and Africa. ‘Demand-led’ appears to refer to African national governments but if consideration is to be given to governance approaches, World Vision would encourage the inclusion of civil society initiatives that support demand-led governance by communities.

AusAID has recognised through its policy work on demand-led governance that governance is broader than government and institutions of state - the judiciary, public sector and parliament - and involves a strong and representative civil society and media; and an active and informed citizenry. To achieve this will require support to civil society organisations within this proposed facility.

World Vision considers that approaches which strengthen civil society organisations and community based accountability approaches are vital to improved governance outcomes especially in the delivery of key essential services such as health and education. An example of this type of work is provided in Appendix 3. AusAID has previously supported this type of work in Africa. Given the scope of governance needs in Africa, this would be a worthwhile consideration under this facility.

- **Recommendation:** Include support for civic education and demand-led governance initiatives under the African Partnership and Capacity Building Facility

Appendices

Appendix I

Our strategy is based on evidence-based, cost-effective preventive practices. We advocate for organisation-wide scale-up of the following '7-11' minimum set of interventions:

Targets	Pregnant Women: -9 months	Children: 0-24 months
Core interventions	1. Adequate diet 2. Iron/folate supplements 3. Tetanus toxoid immunisation 4. Malaria prevention and intermittent preventive treatment 5. Healthy timing and spacing of delivery 6. De-worming 7. Facilitate access to maternal health service: antenatal and postnatal care, skilled birth attendance, Prevention of Mother-to-Child Transmission, HIV/STI screening	1. Appropriate breastfeeding 2. Essential Newborn Care 3. Hand washing 4. Appropriate complementary feeding (6-24 months) 5. Adequate iron 6. Vitamin A supplementation 7. Oral Re-Hydration Therapy/Zinc 8. Care seeking for fever 9. Full immunisation for age 10. Malaria prevention 11. De-worming (+12 months)

Appendix 2

Essential Nutrition and Health Program, Rwanda

Infant and child mortality rates in Rwanda are some of the worst in the world with 86 and 152 deaths per 1000 live birth respectively. Malnutrition is both a direct cause and underlying factor for these high infant and child mortality rates. The prevalence of chronic malnutrition amongst children under 5 in Rwanda is 45 percent. "HIV" and "AIDS" (prevalence is 3 percent in Rwanda) and malnutrition mutually aggravate one another and increase susceptibility to diseases like pneumonia and diarrhoea. The Rwandan Demographic and Health Survey (DHS) 2005 showed that the main cause of malnutrition countrywide is lack of knowledge.

The Essential Nutrition and Health Package (ENHP) project is based in the Northern Province of Rwanda. The project goal is to reduce the prevalence of malnutrition and child mortality through community based approaches such as the Positive Deviance Hearth Nutrition Program. This is a home-and neighbourhood-based nutrition program for children who are at risk for protein-energy malnutrition in developing countries. The program uses the "positive deviance" approach to identify those behaviours practiced by the mothers or caretakers of well-nourished children from poor families and to transfer such positive practices to others in the community with malnourished children.²⁷

Appendix 3

Citizen Voice and Action Program, Uganda

First used as a community scorecard process by CARE Malawi, this approach was further developed by the World Bank in The Gambia and World Vision in Uganda. Citizen Voice and Action (CVA) is a development tool that aims to enable and empower communities to influence the quality, efficiency and accountability of their local health and education services.

Under CVA, communities meet in their local health clinic or school together with staff, administrators, local representatives and politicians. The standards of these services are assessed together against standard national entitlements promised by the government and indicators are agreed to improve services, with responsibilities divided between staff, community members and officials.

Armed with new-found confidence, Ugandan community members approached their member of parliament who provided one million Ugandan shillings (A\$500) as a contribution to improving the quality of existing services. At the Buseese Primary School, parents learnt that whilst their school's teacher/student ratio was one teacher to every 186 students, the government's standard was one teacher per 60 students. Within months of the community process, and as a direct result of CVA, the school had two new teachers on staff.

Local politicians have also seen the benefits in promoting civic rights through CVA. In Nkosi, 80 kilometres south of the Ugandan capital of Kampala, the political representative of the local sub county, Mr Ssendaula Fulgensio, commented that:

"The key thing that CVA has done is to mobilise the community. They know their rights. The community now knows what they are supposed to get from the sub county. They are in a position to track their services. The community is able to say no to substandard service. Politicians normally promise air but because CVA is in place the community has come out with a vision and know what they want and are asking for politicians to do what they promised."

Appendix 4

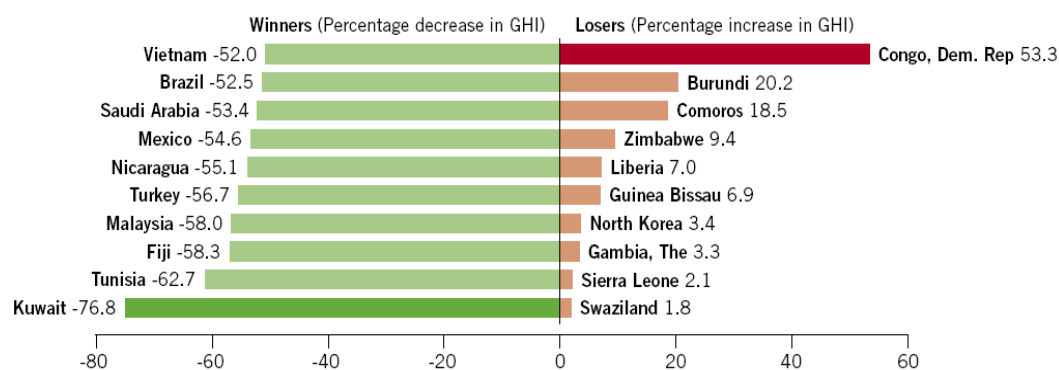
Countries in Food Crisis Requiring External Assistance

Nature of Food Insecurity	Main Reasons	Changes from last report (July 2009)
AFRICA (20 countries)		
Exceptional shortfall in aggregate food production/supplies		
Kenya	Adverse weather, lingering effects of civil strife	▼
Lesotho	Low productivity, HIV/AIDS pandemic	—
Somalia	Conflict, economic crisis, adverse weather	▼
Swaziland	Low productivity, HIV/AIDS pandemic	▲
Zimbabwe	Problems of economic transition	▲
Widespread lack of access		
Eritrea	Adverse weather, IDPs, economic constraints	—
Liberia	War related damage	—
Mauritania	Several years of drought	—
Sierra Leone	War related damage	—
Severe localized food insecurity		
Burundi	IDPs and returnees	▲
Central African Republic	Refugees, insecurity in parts	—
Chad	Refugees, conflict, inadequate rainfall	▼
Congo	IDPs	—
Côte d'Ivoire	Conflict related damage	—
Democratic Republic of Congo	Civil strife, returnees	—
Ethiopia	Adverse weather, Insecurity in parts	▼
Guinea	Refugees, conflict related damage	—
Guinea-Bissau	Localized insecurity	—
Sudan	Civil strife (Darfur), insecurity (southern Sudan), localized crop failure	—
Uganda	Localized crop failure, insecurity	—

Source: FAO *Crop Prospects and Food Situation* <http://www.fao.org/docrep/012/ak340e/ak340e02.htm>

Appendix 5

Global Hunger Index: Winners and Losers 1990 - 2009



Note: Countries with both 1990 GHI less than five and 2009 GHI less than five are excluded.

References

- ¹ Burundi, Chad, Democratic Republic of Congo (DRC), Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Somalia, South Africa, Senegal, Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.
- ² In 2008, the Australian public donated \$812.19 million to Australian ANGOS. In the 2009-10 Aid Budget, \$163 million was allocated to Africa out of total \$3.8 billion in ODA excluding multi-lateral commitments.
- ³ World Vision International, October 2009. *Child Health Now, Together We Can End Preventable Deaths*. (Compiled using mortality data from UNICEF State of the World's Children, 2009)
- ⁴ For example, see Rutherford ME et al, 2009. "Access to health care and mortality of children under 5 years of age in the Gambia: a control case study" in *Bulletin of the World Health Organisation*; 85 (4): pp. 256–63
- ⁵ UNICEF, 2009 *State of the World's Children Report 2009* p. 35
- ⁶ Accessed at <http://www.irinnews.org/Report.aspx?ReportId=84241>
- ⁷ UNICEF, 2009 *State of the World's Children Report 2009* p. 35
- ⁸ Kinfu et al, 2009. "The Health Worker Shortage in Africa: are enough physicians and nurses being trained?" in *Bulletin of the World Health Organisation* 2009; 87: pp. 225 – 230.
- ⁹ World Health Organization and United Nations Children's Fund Joint Monitoring Programme for Water Supply and Sanitation (JMP) 2008. *Progress on Drinking Water and Sanitation: Special Focus on Sanitation*. UNICEF, New York and WHO, Geneva.
- ¹⁰ Prüss-Üstün A et al, 2008, *Safer water, better health: costs, benefits and sustainability of interventions to protect and promote health*. World Health Organization, Geneva, 2008.
- ¹¹ IPCC Working Group II, 2007. *Climate Change 2007: Impacts, Adaptation and Vulnerability. Contribution of Working Group II to the Fourth Assessment of the Intergovernmental Panel on Climate Change*, Cambridge University Press, Cambridge UK. p. 21
- ¹² Millennium Ecosystem Assessment, 2005. *Ecosystems and Human Well-being: Desertification Synthesis*. World Resources Institute, Washington, DC.
- ¹³ McGhie, J et al 2006, *Christian Aid Report – The climate of poverty: facts fears and hope*, Christian Aid, London, www.christianaid.org.uk.
- ¹⁴ Ibid, p. 8.
- ¹⁵ AAAS News, 8 July 2009. "S&T Forum Panel: Addressing Climate Change will benefit Global Health". Available at http://www.aaas.org/news/releases/2009/05/13stpf_climate.shtml
- ¹⁶ Countries and regions affected north of the equator include: Senegal, Mauritania, Niger, Chad, Mali, northern Ghana, northern Nigeria, Sudan, Ethiopia, Somalia and Eritrea. Countries and regions south of the equator include Namibia, Botswana, Zimbabwe, southern Mozambique and western South Africa
- ¹⁷ International Food Policy Report, 2009, "Millions Fed", Ch. 7. <http://www.ifpri.org/publication/millions-fed>
- ¹⁸ World Resources Institute, 2008. "Turning back the desert: how farmers have transformed Niger's landscapes and livelihoods", in *World resources 2008: Roots of resilience: Growing the Wealth of the Poor*. Washington, DC: WRI.
- ¹⁹ On the demand side these include: rising incomes, global population growth, urbanisation, speculation on major food commodities. On the supply side they include: climate change, declining growth in agricultural research and development spending, drought, oil prices, biofuels, export restrictions and low grain stocks.
- ²⁰ International Strategy for Disaster Reduction 2007 *Hyogo Framework for Action 2005 – 2015: Building the Resilience of Nations and Communities to Disasters*. Accessed at www.unisdr.org/hfa
- ²¹ CARE and Maplecroft, 2008, *Humanitarian Implications of Climate Change*. Accessed at http://www.care.org/newsroom/articles/2008/08/climatechange_report.pdf
- ²² Department for International Development, 2005. *Natural Disaster and Disaster Risk Reduction Measures: A Desk Review of Costs and Benefits*. p. 12
- ²³ Accessed at www.unisdr.org/eng/library/Literature/4542.pdf
- ²⁴ The Hyogo Framework for Action is a policy document on disaster reduction agreed by 168 governments in 2005
- ²⁵ Humanitarian Policy Group, ALNAP, 2009. *Where to Now? Agency Expulsions in Sudan: Consequences and Next Steps*.
- ²⁶ ibid
- ²⁷ McNulty, CORE Group, 2005. *Positive Deviance / Hearth Essential Elements: A Resource Guide for Sustainably Rehabilitating Malnourished Children (Addendum)*, Washington, D.C.